



1620-J OUT-OF-STATE PLACEMENT STANDARD

REVISION DATES: 01/01/16, 05/01/12, 01/01/11, 10/01/07, 01/01/06, 09/01/05, 02/01/05, 10/01/04

REVIEW DATE: 03/01/13

INITIAL

EFFECTIVE DATE: 02/14/1996

Out-of-state services are covered as provided for under Code of Federal Regulations 42 C.F.R., Part 431, Subpart B. This includes services that, as determined on the basis of medical advice, are more readily available in other states and services needed due to a medical emergency. Services furnished to AHCCCS members outside the United States (as defined in Chapter 300) are not covered.

This section of the manual is intended to address the standards related to the long term placement of members in out-of-state settings. It does not apply to situations in which the member is temporarily absent from the State.

Out-of-state placements may be approved in licensed/certified residential-type settings only (for example, nursing facilities, residential treatment centers, group homes). Personal residences outside of the State of Arizona are not approved placements. Out-of-state facility providers must be registered with AHCCCS.

Written authorization from AHCCCS is required prior to the placement of an Arizona Long Term Care System (ALTCS) member in an out-of-state placement.

In addition to all other ALTCS case management standards, the following standards also apply when the Contractor seeks an out-of-state placement:

1. A request for out-of-state placement must be submitted to AHCCCS when it is determined that an ALTCS member's need for services cannot be met by existing providers within the State of Arizona.
2. Tribal Contractors requesting out-of-state placement approval for members being placed in one of the nursing facilities in Utah or New Mexico must submit a written request to the AHCCCS DHCM MM Unit using the form found in Exhibit 1620-7.
3. Contractors requesting out-of-state placement approval must submit a written request to the AHCCCS DHCM MM Unit. The request must include at least the following information:

- a. Member name and AHCCCS ID#



- b. Name/location of facility where the Contractor intends to place the member, include the facility's AHCCCS provider ID#
 - c. Description of the member's medical/behavioral condition that necessitates this placement
 - d. Description of facility's program(s) that makes this placement appropriate for the member
 - e. Information about other in-state placement options ruled out for the member, and
 - f. Plan for member's return to an Arizona placement
4. When justified, AHCCCS approvals are generally given for six month intervals. The case manager must submit appropriate documentation to request a renewal if the out-of-state placement is expected to continue beyond the initial approval time period. Requests for renewals must be submitted prior to the expiration of the previous approval.